

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35874

BIRTH NO. _____		REG. DIST. NO. 325		PRIMARY REG. DIST. NO. 4682		Registrar's No. 63	
1. PLACE OF DEATH a. COUNTY Scotland				2. USUAL RESIDENCE (Where deceased lived. If institution, evidence before admission) a. STATE MO b. COUNTY Scotland			
b. CITY OR TOWN Memphis		c. LENGTH OF STAY (in this place or township) Entire life		c. CITY OR TOWN Memphis		991	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS 707 E. Madison			
3. NAME OF DECEASED (Type or Print) Paul J. Alexander				4. DATE OF DEATH (Month) (Day) (Year) Oct 1 - 1950			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH Aug 8 - 1905	
9. AGE (In years last birthday) 45		10. MONTHS 1		11. DAYS 23		12. CITIZEN OF WHAT COUNTRY U S	
10a. USUAL OCCUPATION (On kind of work done (most of working life, or if retired) Carpenter				11. BIRTHPLACE (State or foreign country) Memphis Mo			
13a. FATHER'S NAME Dr. W. E. Alexander				13b. MOTHER'S MAIDEN NAME Lindam Dutovich			
14. NAME OF HUSBAND OR WIFE Leonam Alexander				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, note known) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. No				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leonam M. Alexander Memphis			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pulmonary ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial Asthma DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 241X				INTERVAL BETWEEN ONSET AND DEATH 4 years			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from MAR. 27, 1950, to OCT. 1, 1950, that I last saw the deceased alive on OCT. 1st, 1950, and that death occurred at 6:10 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. E. Hill, M.D.				23b. ADDRESS 14 Memphis, Miss.		23c. DATE SIGNED 10-6-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 3-50		24c. NAME OF CEMETERY OR CREMATORY Memphis Cemetery		24d. LOCATION (City, town, or county) (State) Memphis Mo	
DATE REC'D BY LOCAL REG. 10/19/50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Memphis			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: OCT 26 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 10-50-172  
Date Filed: OCT 31 1950

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*A. C. Gerth*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4257*

P. O. Address *Memphis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.